

## County Improvement Plan (CIP)

County Name: Venango

Date of Plan: 18 September 2014

Initial

X

Update

### Section I. Team Members:

#### Sponsor Team:

Luann Hartmann, CYS Administrator  
Amie Wood-Wessell, Quality Assurance Program Specialist  
Jennifer Caruso, CWRC Practice improvement Specialist  
Steve Eidson, CWRC Improvement Specialist

#### County Improvement Plan Team Members:

Luann Hartmann, CYS Administrator  
Michele Kearns, CYS Program Director  
Stephanie Puleo, PIC Unit Supervisor  
Jennifer Richards, PIC Unit Manager  
Diane Weckerly, Clinical Manager  
Lindsay Weckerly, Ongoing Supervisor  
Amie Wood-Wessell, Quality Assurance Program Specialist  
Cynthia Gariepy, Supervisor, WR OCYF  
Jennifer Caruso, CWRC  
Steve Eidson, CWRC

## County Improvement Plan (CIP)

### **Section II. Background and Development of the Desired Future State including Priority Outcomes**

*(Provide a detailed narrative about the process that was implemented during the development of the CIP. Who was involved? What data was reviewed? How did you analyze your data? How were the outcomes determined and prioritized? List and describe the overarching outcomes that were identified. NOTE: Outcomes can be limited to approximately two to four priority areas.)*

#### **Background and Development:**

The Venango County Quality Service Review (QSR) was held on 21-23 May 2014. Ten cases were reviewed during the on-site QSR. On 18 June 2014, Jennifer Caruso and Steve Eidson from the Child Welfare Resource Center met with LuAnn Hartmann, the administrator of Venango County Children and Youth Services, and Amie Wood-Wessell, the Quality Assurance Program Specialist, to discuss the development of the County Improvement Plan (CIP).

Venango is a block grant, PPI, Demonstration Project and QSR County. The county was somewhat surprised that the engagement and teaming scores did not improve, or in some cases declined, despite significant effort since the last QSR. Overlap areas in the Demonstration Project, Concurrent Plan and QSR are engagement and assessment. It was decided to focus on these two areas for the County Improvement Plan.

After discussion, it was agreed that the team to develop the CIP would ideally include the administrator of CYS, the quality assurance program specialist, the clinical manager, On-going, Intake, Mental Health and PIC unit managers and supervisors as well as the casework manager and a representative from the Western Region, Office of Children Youth and Families.

Jennifer Caruso developed the team charter, which was sent with invitations to the CIP team meetings. The sponsor team agreed that Venango County will measure success through Goal Attainment Scaling questions developed by CIP group. It was also decided that the CIP development process will start with two areas and consider lessons learned from the QSR/CIP in 2012 as well as from the QSR in 2014. Luann and Amie chose FGDM and assessment as the first two areas to discuss. The CIP group was asked to consider: what's going on? How does each area look right now? What needs to change?

## County Improvement Plan (CIP)

After reviewing the QSR case review results as well as comments from focus group and key stakeholders, a number of problems and issues in the county were identified and considered by the CIP team:

- a. Caseworkers and supervisors are not using assessments as they should, which is likely a result of significant staffing changes over the last several years. CYS staff members don't fully understand the goals of the assessments or how to ask needed follow-up questions. Because of the staff changes and the loss of historical continuity at the agency, there is a need to develop critical thinking skills – newly promoted supervisors don't ask probing questions to dig down, but rather address superficial issues.
- b. There is a lack of fidelity to the Family Group Decision-Making (FGDM) model, which in turn is a direct result of the significant turnover in most units and at all levels of the agency.
- c. To improve practice and outcomes for children, youth and families there is a need to develop and implement Ice Breaker meetings between resource parents and birth parents soon after the case is opened. In addition, the CYS Administrator wants to implement the practice of team meetings shortly after the Ice Breaker meeting so that all providers of service to the family meet and coordinate services and expectations.
- d. The Agency strives to make Family Group Decision-Making (FGDM) a consistent process in the agency. At times it can be a struggle due to agency turnover, inexperience and lack of understanding. FGDM would be a natural outgrowth of team meetings early in the case to help families have input and take control of their cases.
- e. With respect to engagement, the county has identified Family Finding issues – breakdown likely due to inexperienced case workers. The county is considering contracting with a provider agency to coordinate Family Finding; work with caseworkers. This partnership would start the Full Disclosure process with families. It was noted that Kevin Campbell visited the county on June 24<sup>th</sup>.
- f. The Protective Integrated Crisis (PIC) unit has undergone many staffing changes and those in the unit are trying to understand the roles and functions of multiple departments in the Human Services system, including Children and Youth Services, Mental Health, Intellectual Disabilities, Drug and Alcohol, Aging and Housing.
- g. There continues to be a need for community, cross-system and internal education for all staff. It was pointed out that other departments at Venango DHS don't understand mandates and roles required for CYS; Focus

## County Improvement Plan (CIP)

groups and stakeholder interviews during the QSR reiterated the need for education and outreach/collaboration internally and with cross-system partners. .

### Findings from the QSR:

As noted above, there has been a great deal of effort to improve teaming and engagement through the use of various practices. In spite of those efforts there was a drop in Engagement scores from 79% in 2012 to 63% in 2014. The same was true for role and voice, but the dip was much less significant (61% and 60% acceptable). There was no change in teaming – both in 2012 and 2014 50% of the cases were scored as acceptable. The highest and lowest rankings are listed below:

#### QSR Indicators with the Highest Percentage of “Acceptable” Scores

QSR Indicator	Ranking	% Acceptable Scores
Living arrangement	1	100%
Early Learning and Development	2	100%
Safety and exposure to threats of harm	3	100%
Academic Status	4	100%
Physical health	5	100%

#### QSR Indicators with the Lowest Percentage of “Acceptable” Scores

QSR Indicator	Ranking	% Acceptable Scores
Teaming	19	50%
Long term view	20	50%
Efforts to timely permanence	21	50%
Assessment and Understanding	22	45%
Planning for Transitions & Life Adjustments	23	25%

## County Improvement Plan (CIP)

### **Desired Future State:**

The 2014 county improvement plan will increase the engagement, assessment, planning and monitoring process with families and other key stakeholders to ensure quality service delivery and promote safety, timely permanence and well-being of children and their families. This will be accomplished through fidelity to models and tools that have already been established in practice and by improving communication among staff, families and providers. Through focusing on fidelity to existing models and tools, there will be more consistency in assessment and planning for families and more coordinated services and supports to help families reach their goals. The agency will employ experienced staff who can assess and engage families; use evidence-based services and identify what services will look like from assessment (FAST and CANS). Agency workers will connect assessment to specific service expectations and identify clear goals with families and for providers

- **Outcome # 1: Teaming will occur at all levels to improve services for families, inform decision-making and to assure that team members are engaged throughout the life of the case.**
- **Outcome # 2: Increased confidence and competence for all staff at the agency regarding overarching child welfare laws and regulations as well as agency policies as applied to daily tasks and responsibilities.**

## County Improvement Plan (CIP)

<b>Outcome # 1: Teaming will occur at all levels to improve services for families, inform decision-making and to assure that team members are engaged throughout the life of the case.</b>						
<b>STRATEGIES</b>	<b>ACTION STEPS</b>	<b>INDICATORS/ BENCHMARKS</b>	<b>PERSON(S) RESPONSIBLE</b>	<b>TIMEFRAME</b>	<b>RESOURCES NEEDED</b>	<b>STATUS</b>
<b>THOROUGH ASSESSMENT</b>	ALL CHILDREN FROM BIRTH TO AGE 5 WILL BE REFERRED FOR THE ASQ.	MONITORED THROUGH MASTER CLIENT INDEX.  SERVICE AUTHORIZATION FORMS.  RESULTS SENT TO PITT AS PART OF THE DEMONSTRATION PROJECT.	CLERICAL  CLINICAL MANAGER  SYSTEM MANAGER  CASEWORKERS AND SUPERVISORS	OCT. 2014	AT THIS TIME RESOURCES NEEDED ARE IN PLACE	ON-GOING
	WORKERS WILL GATHER INFORMATION FROM RISK AND SAFETY ASSESSMENT, FAST AND CANS TO INFORM CASE PLANNING AND DECISION-	FSP GOALS AND OBJECTIVES WILL REFLECT ASSESSMENTS AS SHOWN BY RANDOM SAMPLE OF CASES THROUGH INTERNAL QUALITY ASSURANCE	CASEWORKERS AND SUPERVISORS  QUALITY ASSURANCE PROGRAM SPECIALIST  CLINICAL MANAGER	FULL IMPLEMENTATION BY OCT. 2016	TARGETED TRANSFER OF LEARNING TO HELP STAFF APPLY ASSESSMENT INFORMATION TO CASE PLANNING AND DECISION-MAKING	ON-GOING

### County Improvement Plan (CIP)

	<p>MAKING</p> <p>WORKERS WILL EXPLAIN THE INFORMATION GATHERED THROUGH ASSESSMENT TO FAMILIES PRIOR TO THE FGDM CONFERENCE AND DOCUMENT IN CASE NOTES</p>	<p>PROCESS.</p> <p>RANDOM SAMPLE OF CASES THROUGH QA PROCESS</p> <p>ADD A QUESTION OR QUESTIONS TO THE FGDM SURVEY WHICH FAMILIES COMPLETE</p>	<p>CASEWORKERS SUPERVISORS</p> <p>QUALITY ASSURANCE PROGRAM SPECIALIST</p>	<p>OCTOBER 2014</p>	<p>REVISIONS TO THE FGDM FAMILY SURVEY</p>	<p>ON-GOING</p>
<p><b>IMPROVING REGULAR INTERNAL DHS COMMUNICATION</b></p>	<p>IDENTIFY ALL DHS STAFF INVOLVED WITH THE CASE AND SIGN NECESSARY RELEASES TO SHARE INFORMATION.</p> <p>WHEN CASES ARE SHARED BETWEEN DEPARTMENTS NEW INFORMATION</p>	<p>RANDOM SAMPLE OF CRT REVIEW SHEETS</p> <p>REGULAR FILE CHECKS THROUGH QUALITY ASSURANCE PROCESS</p>	<p>CASEWORKERS AND SUPERVISORS</p> <p>CLINICAL MANAGER</p> <p>QUALITY ASSURANCE PROGRAM SPECIALIST</p>	<p>50% OF CASES IN 2015</p> <p>70% OF CASES IN 2016</p> <p>90% OF CASES BY 2017</p>	<p>PROCESS FOR SUPERVISORS TO DISCUSS CASES ON A REGULAR BASIS</p> <p>REVISED CRT FORM</p>	

## County Improvement Plan (CIP)

	<p>SHOULD BE COMMUNICATED AS SOON AS POSSIBLE THROUGH TELEPHONE CALL OR E-MAIL</p> <p>WHEN NEEDED, ALL STAFF INVOLVED WITH A CASE ARE INVITED TO CRT</p>					
<p><b>IMPROVING EXTERNAL COMMUNICATIONS BETWEEN DHS AND CROSS-SYSTEMS PARTNERS</b></p>	<p>REGULAR UPDATES FOR THE CASE WITH TEAM MEMBERS THROUGH TELEPHONE CALLS AND E-MAILS</p> <p>FAMILY TEAM CONFERENCING ON EMERGENT ISSUES</p>	<p>INTERNAL QUALITY ASSURANCE WILL IDENTIFY INCREASED CONTACTS</p> <p>INCREASED USE OF FGDM AS REPORTED TO THE DEMONSTRATION PROJECT</p>	<p>QUALITY ASSURANCE PROGRAM SPECIALIST</p> <p>CASEWORKERS AND SUPERVISORS</p>	<p>50% OF CASES IN 2015</p> <p>70% OF CASES IN 2016</p> <p>90% OF CASES BY 2017</p>	<p>TRAINING AND TRANSFER OF LEARNING FOR FGDM FIDELITY</p> <p>TRANSFER OF LEARNING TO UTILIZE FGDM TO INFORM FSP AND SERVICE PLANNING</p> <p>CONCURRENT PLANNING POLICIES</p>	<p>ON-GOING</p>

## County Improvement Plan (CIP)

	<p>FGDM FOR FSP DEVELOPMENT AND UPDATES</p> <p>ICEBREAKER MEETINGS WITH RESOURCE PARENTS AND BIRTH PARENTS</p> <p>QUARTERLY PROVIDER MEETINGS</p> <p>INFORMATION WILL BE PROVIDED TO KEY STAKEHOLDERS TO GUIDE SERVICE PLANNING AND DELIVERY</p> <p>INVITE EXTERNAL PROVIDERS TO OPENING CRT</p>	<p>SHORTER LENGTHS OF SERVICE</p> <p>DECREASED RE-ENTRY RATES/INCREASED SELF-SUFFICIENCY FOR FAMILIES</p>			<p>AND PROCEDURES</p> <p>TRAINING TO USE TELECONFERENCING CAPABILITY WITHIN DHS</p>	
--	--	---	--	--	---	--

## County Improvement Plan (CIP)

	<p>INVITE EXTERNAL PROVIDERS TO ON-GOING UNIT AND CLOSING CRT</p> <p>NOTIFY PROVIDERS THAT TEAMING EFFORTS WILL BE INCREASED AND THAT THEY WILL RECEIVE INVITATIONS TO PARTICIPATE</p> <p>CASEWORKERS WILL NOTIFY EXTERNAL PROVIDERS WHEN CASES ARE CLOSING</p>					
--	---	--	--	--	--	--

## County Improvement Plan (CIP)

<b>Outcome#2: Increased confidence and competence for all staff at the agency regarding overarching child welfare laws and regulations as well as agency policies as applied to daily tasks and responsibilities.</b>						
<b>STRATEGIES</b>	<b>ACTION STEPS</b>	<b>INDICATORS/ BENCHMARKS</b>	<b>PERSON(S) RESPONSIBLE</b>	<b>TIMEFRAME</b>	<b>RESOURCES NEEDED</b>	<b>STATUS</b>
<b>CLINICAL MANAGER POSITION TO SUPPORT FRONT- LINE STAFF AND SUPERVISORS</b>	<p>ASSIST CASEWORKERS AND SUPERVISORS TO MORE FULLY UNDERSTAND LAWS, REGULATIONS AND AGENCY POLICIES</p> <p>ASSIST STAFF IN IDENTIFYING ROOT CAUSES OF MALTREATMENT WITH FAMILIES</p> <p>WILL ATTEND REGIONAL TRAINING AND MEETINGS OFFERED BY STATE</p> <p>WILL ATTEND CRT TO HELP STAFF IDENTIFY LINKS BETWEEN</p>	<p>ASSESSED NEEDS ARE ADDRESSED IN FSP/ CPP</p> <p>EACH PERSON WILL LEARN CHANGES AND DEMONSTRATE INFORMATION THROUGH PRACTICE</p>	CLINICAL MANAGER	BEGINNING IN JANUARY 2015	<p>WILL SUBSCRIBE TO RESEARCH JOURNALS AND NEWSLETTERS TO STAY CURRENT WITH RESEARCH</p> <p>SUPPORT FROM OCYF REGIONAL STAFF</p>	ON-GOING

### County Improvement Plan (CIP)

	ASSESSMENT AND PLANNING					
<b>SUPERVISORS AND MANAGERS WILL UNDERSTAND AND APPLY CPSL AS WELL AS ALL LAWS, REGULATIONS AND POLICIES</b>	<p>REPRESENTATIVES WILL ATTEND REGIONAL TRAINING AND MEETINGS OFFERED BY STATE</p> <p>REPRESENTATIVES WILL SHARE INFORMATION AND/OR TRAIN THOSE WHO COULD NOT ATTEND REGIONAL MEETINGS</p> <p>DISCUSS CHANGES AT CRT AND AT SUPERVISORY REVIEWS</p> <p>EXPECTATIONS WILL BE CLEAR AND CONSISTENT AMONG SUPERVISORS AND MANAGERS</p>	<p>ADD QUESTIONS TO SATISFACTION SURVEYS REGARDING TRAINING AND EXPECTATIONS</p> <p>CASE DECISIONS WILL REFLECT CHANGES IN CPSL</p> <p>INTERNAL AUDITS, OCYF LICENSING AND QSR RESULTS WILL REFLECT NEW INFORMATION/LAWS</p>	<p>SUPERVISORS AND MANAGERS</p> <p>QUALITY ASSURANCE PROGRAM SPECIALIST</p> <p>CLINICAL MANAGER</p>	<p>50% OF CASES IN 2015</p> <p>70% OF CASES IN 2016</p> <p>90% OF CASES BY 2017</p>	<p>ACCESS INFORMATION ON CWRC WEBSITE</p> <p>SUPPORT FROM REGIONAL OCYF STAFF</p>	

### County Improvement Plan (CIP)

	<p>IMPLEMENT CRITICAL THINKING SKILLS IN CASE ASSESSMENT AND DECISION-MAKING</p> <p>ATTEND CRT TO HELP STAFF IDENTIFY LINKS BETWEEN ASSESSMENT AND PLANNING</p>					
<p><b>SUPERVISORS AND MANAGERS WILL TEACH CASEWORKERS TO UNDERSTAND AND APPLY CPSL AS WELL AS ALL LAWS, REGULATIONS AND POLICIES</b></p>	<p>DISCUSS CHANGES AT CRT AND AT SUPERVISORY REVIEWS</p> <p>SUPERVISORS WILL SET ASIDE TIME TO WORK WITH CASEWORK STAFF</p> <p>IMPLEMENT CRITICAL THINKING SKILLS IN CASE</p>	<p>ADD QUESTIONS TO SATISFACTION SURVEYS REGARDING TRAINING AND EXPECTATIONS</p> <p>CASE DECISIONS WILL REFLECT CHANGES IN CPSL</p> <p>INTERNAL AUDITS, OCYF LICENSING AND QSR RESULTS WILL REFLECT NEW</p>	<p>SUPERVISORS AND MANAGERS’  CASEWORKERS</p> <p>QUALITY ASSURANCE PROGRAM SPECIALIST</p> <p>CLINICAL MANAGER</p>	<p>JUNE 2016</p>	<p>DEVELOP DATA COLLECTION FORM WITH CRITICAL DATA POINTS TO STUDY REGARDING CPSL</p> <p>USE IMPLEMENTATION DRIVERS PROCESS FOR FSP PROCESS</p>	

## County Improvement Plan (CIP)

	<p>ASSESSMENT AND DECISION-MAKING</p> <p>CASEWORKERS WILL APPLY LAWS, REGULATIONS AND POLICIES TO DAILY PRACTICE</p> <p>FSP GOALS WILL CONNECT TO ASSESSMENT PROCESS</p> <p>RELATED CONCERNS WILL BE DISCUSSED AT PRE-CONFERENCE MEETINGS</p>	<p>INFORMATION/LAWS</p> <p>HIGHER RETENTION RATES FOR STAFF WHO FEEL MORE SUPPORTED AND COMPETENT IN THEIR WORK</p> <p>REDUCED NUMBER OF MULTIPLE OR REPEAT VALID ALLEGATIONS FOR FAMILIES</p> <p>CHANGES TO REGULAR DICTATION WILL CONNECT TO DECISION-MAKING PROCESS,</p> <p>DOCUMENTATION AND ASSESSMENT WILL SHOW CHANGES TO DECISION-MAKING PROCESS</p> <p>EXPEDITED CASE</p>				
--	---	--	--	--	--	--

## County Improvement Plan (CIP)

		TRANSFER PROCESS  RELATED CONCERNS WILL BE TRANSFERRED TO FGDM FORMS				

### Next Steps and Monitoring

The County Implementation Plan (CIP) Team will serve as the team to monitor implementation of the plan and will meet quarterly. The key informants (Clinical Manager and Quality Assurance Program Specialist) are both members of this team. Specific goals will be converted to Goal Attainment Scales<sup>1</sup> to support the monitoring process. The scales will describe where the agency expects to be with their implementation of each plan goal at the end of one year. All scales will consist of 5 points. The “3” point on the scale corresponds to what the team thinks would be the “most realistic/likely” level of implementation in relation to the goal. The focus will be on realistic and measurable goals with an understanding of where the county is, what the barriers may exist, and what strategies will be implemented in order to make changes. An important step is to decide what evidence will be used and how it will be collected.

The management team may consider bringing the CI Team together on a regular basis to discuss implementation and lessons learned to support ongoing teaming, engagement and staff development.

---

<sup>1</sup> Parry, C.F., *Step by Step Guide to Goal Attainment Scaling; 2013 OE Research Project*